Delay in Revascularization and Prognosis After Myocardial Infarction

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In the article “Women Undergoing Coronary Angiography for Myocardial Infarction or Who Present With Multivessel Disease Have a Poorer Prognosis Than Men’ by Gijsberts et al.,¹ the investigators reported that major adverse cardiovascular events (MACEs) occurred more often in women than in men who presented with myocardial infarction (MI). Gijsberts et al¹ identified the prognostic significance of gender difference in particular in patients with MI. However, because of the presence of some confounding factors, we would like to emphasize some points.

Total ischemic time is an important prognostic factor in MI. In the study by Gijsberts et al,¹ there are no data about total ischemic time, door-to-balloon time, and time to revascularization for patients with MI. Delay in primary percutaneous coronary intervention is an independent predictor of MACEs in patients with ST-segment elevation MI.²,³ Additionally, early invasive strategy may have beneficial effects on prognosis in selected patients with non-ST-segment elevation acute coronary syndrome.⁴ Hence, longer time to revascularization, door-to-balloon time, and total ischemic time may be reasons for higher MACEs rates in women with MI. The investigators should state the time to revascularization and total ischemic time for each group to confirm the real significance of gender difference for the prognosis after MI.

References

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